



Express Mail Label No: EL59200214545

Date of Deposit: April 12, 2001

Atty. Docket No.: 17633/1030

PATENT

Application of: Faustman, et al.  
U.S. Serial No.: 09/031,629  
Filed (U.S.): February 27, 1998  
Entitled: Methods For Diagnosing and Treating  
Autoimmune Disease

Examiner: Dr. Patrick Nolan

Group: 1645

Commissioner for Patents  
Washington, D.C. 20231

RECEIVED

APR 18 2001

TECH CENTER 1600/2900

## AMENDMENT TRANSMITTAL LETTER

Sir:

- Transmitted herewith is an amendment in response to the Office Action mailed on October 13, 2000 in the above-referenced patent application.

## STATUS

- Applicant is

- a small entity.  
 other than small entity.

## EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- Applicant petitions for an extension of time under 37 CFR 1.136

Extension (months)	Fee for other than small entity	Fee for small entity
ONE month	\$110.00	\$55.00
TWO months	\$390.00	\$195.00
THREE months	\$890.00	\$445.00
FOUR months	\$1,390.00	\$695.00
FIVE months	\$1,890.00	\$945.00
	<b>Fee</b>	<b>\$445.00</b>

If an additional extension of time is required, please consider this a petition therefor.

- (a)  An extension for \_\_\_\_\_ has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Ref ID: HDEMESS1  
Ref #: 040417/2001  
Date: 04/17/2001  
Name/Number: 09031629  
FC: 704  
\$190.00 CR

RECEIVED

APR 18 2001

Extension fee due with this request \$195.00

OR

TECH CENTER 1600/2900

- (b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED		(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	7	minus		44	0	<input checked="" type="checkbox"/> \$18	0
INDEPENDENT CLAIMS	1	minus		6	0	<input checked="" type="checkbox"/> \$80	0
MULTIPLE DEPENDENT CLAIM ADDED	No/Yes					\$270	0
					TOTAL		0.00
				If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.	SMALL ENTITY TOTAL		0.00

- (c)  No additional fee for claims is required.

OR

- (d)  Total additional fee for claims required \$

**FEE FOR SUPPLEMENTAL IDS**

5.  Pursuant to CFR 1.97(c)(2) a fee of \$180.00 is submitted for submission of an IDS after the mailing of the first Office Action.

**FEE PAYMENT**

6.  Attached is a check in the sum of \$ 815.00
- Charge Deposit Account No. 16-0085, Reference No. 17633/1030 any additional necessary fees.

A duplicate of this transmittal is attached.

Respectfully submitted

Name: Kathleen M. Williams  
Registration. No.: 34,380  
Palmer & Dodge LLP  
One Beacon Street  
Boston, MA 02108  
Tel: 617-573-0100